

Fact Sheet #5

Warm Transfers & Referrals

NC Medicaid 2019 County Playbook

What is a warm transfer?

“Warm transfer” is one way to support beneficiaries through the changes associated with Medicaid Transformation. Throughout the transition, many organizations – from the Enrollment Broker to the Health Plans to the County Departments of Social Services (DSS) – will work together on behalf of beneficiaries. With warm transfers beneficiaries get connected to the right person, regardless of who they start with. Here is a description of a warm transfer related to other types of referrals:

Referral	Provide contact information for appropriate support entity.
Cold Transfer	Transfer beneficiary to appropriate support entity and provide contact information.
Warm Transfer	Transfer beneficiary to appropriate contact and stay on the line with him or her until a live agent answers; explain the situation to ensure the agent clearly understands before leaving the call.

ROLES BY ORGANIZATION UNDER MEDICAID TRANSFORMATION

Local DSS

- Determine Medicaid eligibility.
- Enter Plan Preference in NC FAST for beneficiaries who already know which health plan they want.
- Assist beneficiaries in understanding who to contact to get questions answered.
- Ensure that address and contact information is up-to-date in NC FAST.
- Ensure that changes in circumstance are recorded in NC FAST and evaluated.

- Provide general assistance with questions about Medicaid eligibility.

Enrollment Broker

- Send notices to beneficiaries about enrolling in health plans.
- Provide choice counseling to help beneficiaries choose the right health plan and primary care provider to meet their needs.
- Enroll beneficiaries in health plans.
- Provide general assistance with questions about Medicaid Transformation.
- Perform outreach to beneficiaries (provide informative materials, participate in community events) and be accessible by phone, mail, internet, and in-person.



Health Plans

- Send health plan information and insurance cards to beneficiaries.
- Provide Medicaid services, care coordination, and NEMT for their members.
- Assign a primary care provider if not selected by the member (and handle changes to primary care providers, as needed).
- Conduct screening to assess overall wellness of their members (e.g. do you have access to food & shelter, are you experiencing violence at home?)

TRANSFERS & REFERRALS TO THE DSS

The Enrollment Broker, Health Plans, and Medicaid Contact Center will all make referrals to the local DSS, and in some situations, this will be a cold or warm transfer.

TO WHOM IS THE DSS SUGGESTED TO MAKE WARM TRANSFERS (WHEN POSSIBLE)? AND WHEN?

Enrollment Broker:

- Complaints about the Enrollment Broker.

Health Plans:

- Assistance with NEMT services for plan members.
- Complaints about a provider or health plan.
- Behavioral Health Crisis.

Ombudsman:

- Help resolving a problem.

DISCUSSION TOPICS FOR WARM TRANSFERS

The following questions and topics are intended to assist the local DSS in evaluating how current operations may need to change in preparation for Managed Care implementation.

Incoming Warm Transfers

- 1) Supporting incoming calls:
 - Are we already “dropping” calls that come in to the agency (not all incoming calls are getting answered)? What can we do to mitigate this?

- Can we secure a dedicated line to be used for the Enrollment Broker and health plans to transfer individuals with questions?
- 2) Prepare call center/triage/reception staff to receive these incoming calls:
 - Provide general information about the Enrollment Broker and health plans to ALL staff (not just Medicaid).
 - Determine if you need more staff enabled with the capability to update information in NC FAST (e.g. change of address).

Outgoing Warm Transfers

- 1) Technology/resources to support a warm transfer over the phone:
 - Do our phones have the capability to transfer to another line?
 - Time constraints for staff – consideration that a true warm transfer will add time to the phone call.
- 2) Technology/resources to support a warm transfer in person:
 - Do we have phones in the lobby or other areas in the agency that could be used to support this?
 - Will there be someone available to walk the person to the phone and initiate the phone call?
 - Are there any privacy concerns related to the location of these phones?
 - Do we have office space in our agency to allow for in-person assistance from the Enrollment Broker? (when available)
 - Do we have a kiosk/computer room for individuals to use? Will there be someone available to walk the person to the computer and guide them to the website for their health plan or the Enrollment Broker?
 - If we do not have the technology/resources to accept and/or receive warm transfers, how can we support our beneficiaries for whom a simple referral (e.g. provide phone number for the Enrollment Broker) is not enough?

Potential Scenarios:

- You receive a call from a beneficiary, Sue Jones, asking about a letter she received in the mail. She says there is information about health plans, and she has heard from her neighbors that they chose WellCare as their plan. She asks you if she should choose WellCare or if there is a better plan for her. You have known Sue for a few years and understand that she is not tech savvy. What do you do? **ACTION** for a true warm transfer:
 - Let Sue know that you cannot help her choose the health plan that is best for her, but you know who can.
 - Ask her to hold for a moment while you connect her with a counselor to help her make a decision.
 - Transfer the call to the toll-free number for the enrollment broker and wait for someone to answer.
 - When a person answers, explain who you are and that you have Sue on the phone who needs help choosing a plan.
 - Confirm that the purpose of the call is understood before hanging up.

BUDGET CONSIDERATIONS:

Please consider the following to determine possible implications for your budget.

- Do we have the resources to add another phone line in the agency to be dedicated for transfers from the Enrollment Broker and health plans?
- Can we secure phones and/or computers in areas within our agency for beneficiaries & members to contact the enrollment broker or their health plan?
- Should we consider adding temp staff to support incoming and/or outgoing warm transfers?

Fact Sheets will be updated periodically with new information. Created: 5/16/2019
For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>